

TST Instructor Agreement and Application Form

1. Instructor must be an RN or LPN who is knowledgeable in nursing principles and scientific methods.
2. Achieve a score of 80% on a written test covering an overview of tuberculosis and TB skin testing.
3. Present the basic Tuberculin Skin Test (TST) Workshop a minimum of two times in a year.
4. Receive support for presenting the course, including the cost of class supplies, from employer and/or sponsoring agency. If possible, open classes to other agencies and/or community groups.
5. Contact Katie Dotson (see below) **one month** in advance of course to order TB cards and rulers and/or to have class information posted on the website (if applicable).
6. Submit completed sign-in sheets and evaluations to Katie Dotson via fax or mail within 10 business days of the course.

Katie Dotson, RN
Tuberculosis Nursing Specialist
Michigan Department of Community Health
201 Townsend, 5th Floor
Lansing, MI 48913
Email: dotsonk1@michigan.gov
Phone: (517) 335-8050
Fax: (517) 335-8263

7. The TST Workshop is a product of the Michigan Department of Community Health. Content cannot be modified or omitted, but local data and anecdotes may be added to supplement your class.

I AGREE TO THE ABOVE CRITERIA AND WILL SUBMIT THE DOCUMENTATION.

Signature of Applicant _____ Date _____

Print Name and Degree(s) _____

Agency _____

Work Address _____

City _____, Michigan Zip Code _____

Work Phone _____ Other Phone _____

Email Address _____ County of Work _____

Optional: I agree to have my contact information listed on the www.michigan.gov/tb website.

Circle One YES NO

Signature of Employer/Sponsor _____ Date _____

Date of TTT Class (certifying you as a trainer): _____ Name of Trainer Teaching Class: _____

Location of Training: _____
(Facility) (City)

Please return this form to Katie Dotson at the MDCH TB Control Program.
Fax: 517-335-8263 or (scanned) by e-mail dotsonk1@michigan.gov.

April 2012